

Name  
in  
Full

Alexander Barnes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Croom		Pr Geo		County		MARYLAND			
Date of death 1902		Month Dec		Day 2		Age 79		Months		Days	
Sex Male		Color or Race Yellow		Birth-place		P.G.C.					
Married, Single or Widowed		Married		Occupation		None					
Name of Wife or Husband		Cornelia									
Father's Name		Father's Birthplace									
Mother's Maiden Name		Mother's Birthplace									
Name of person giving information		Claud Smith		How related to deceased		Son-in-law					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Lothrop		How long		3 days	
Immediate		Heart failure		How long		2 "	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W.H. Gibbons	
				Address		Croom	
As doctor or Coroner?							



Mary Lena Brooks,

Town

County

Died at Brandywine Prince Georges,

MARYLAND

Date 1902 12 29 Age 7 hours

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Charles Brooks,

Sarah Green,

Cause of

Primary

born sick with a rattling

Death

Immediate

in its throat, lived 7 hours.

How long sick

Congestion of lungs,  
Accident, Suicide, Homicide

Reported by

Charles Brooks,

Address

Brandywine, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Name  
in  
Full

Charles H. Brown

## CERTIFICATE OF DEATH

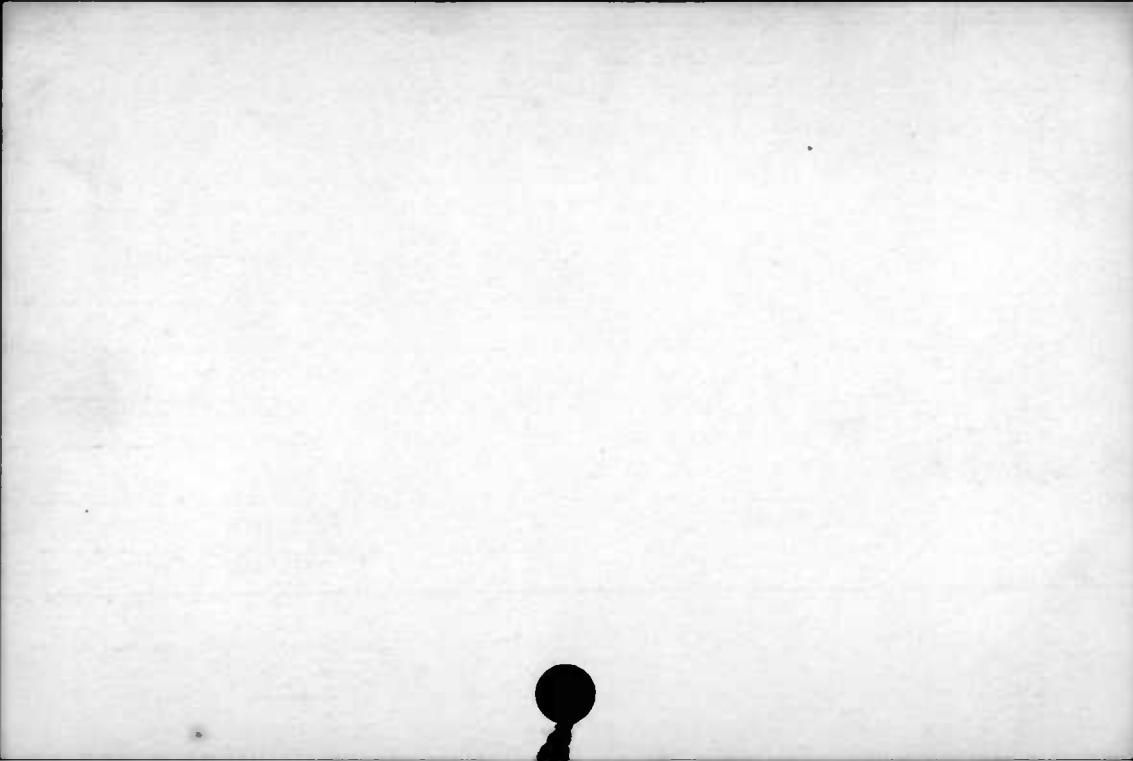
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Rosalville		P. G.					
Date	Month	Day	Years	Months		Days	
of death 190	2	Dec	6	Age		47	
Sex	Male		Color or Race	Yellow		Birthplace	P. G. Co.
Married, Single or Widowed	Married		Occupation				
				Farming			
Name of Wife or Husband		Louisa Brown					
Father's Name		Charles H. Brown				Father's Birthplace	P. G. Co.
Mother's Maiden Name		Annie Gordon				Mother's Birthplace	P. G. Co.
Name of person giving Information		Joe Robinson				How related to deceased	None

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart Disease 79		How long	Short time	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		W. H. Gibbons
			Address		Crown rd
Accident or Suicide?					





Name  
in  
Full

Edith May Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rosecroft</i> <sup>Town</sup>		<i>Pr Geo.</i> <sup>County</sup>		MARYLAND	
Date of death 1902	<i>12</i> <sup>Month</sup>	<i>27</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>	<i>7</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Rosecroft Md.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband					
Father's Name <i>Peter Brown</i>			Father's Birthplace <i>Rosecroft Md.</i>		
Mother's Maiden Name <i>Nellie Williams</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Harriet Williams</i>			How related to deceased <i>Grandmother</i>		

CAUSES OF DEATH *92*PHYSICIAN  
OR CORONER

Primary <i>Catarrhal Pneumonia</i>	How long <i>1 week</i>
Immediate <i>Fever &amp; Debility</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Simpson M.D.</i>
	Address <i>Rosecroft Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Katie Bryan*  
*Bryan's Point* <sup>Town</sup> *Pr. Geo* <sup>County</sup>Date of death 190 *2* <sup>Month</sup> *Dec* <sup>Day</sup> *13* <sup>Years</sup> *Age* <sup>Months</sup> <sup>Days</sup>Sex *Female* <sup>Color or Race</sup> *White* <sup>Birth-place</sup>~~Married~~ *Single* <sup>Occupation</sup>Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information*57*How related  
to deceased

## CAUSES OF DEATH

Primary

*Changin*

How long

Immediate

*Suicide*

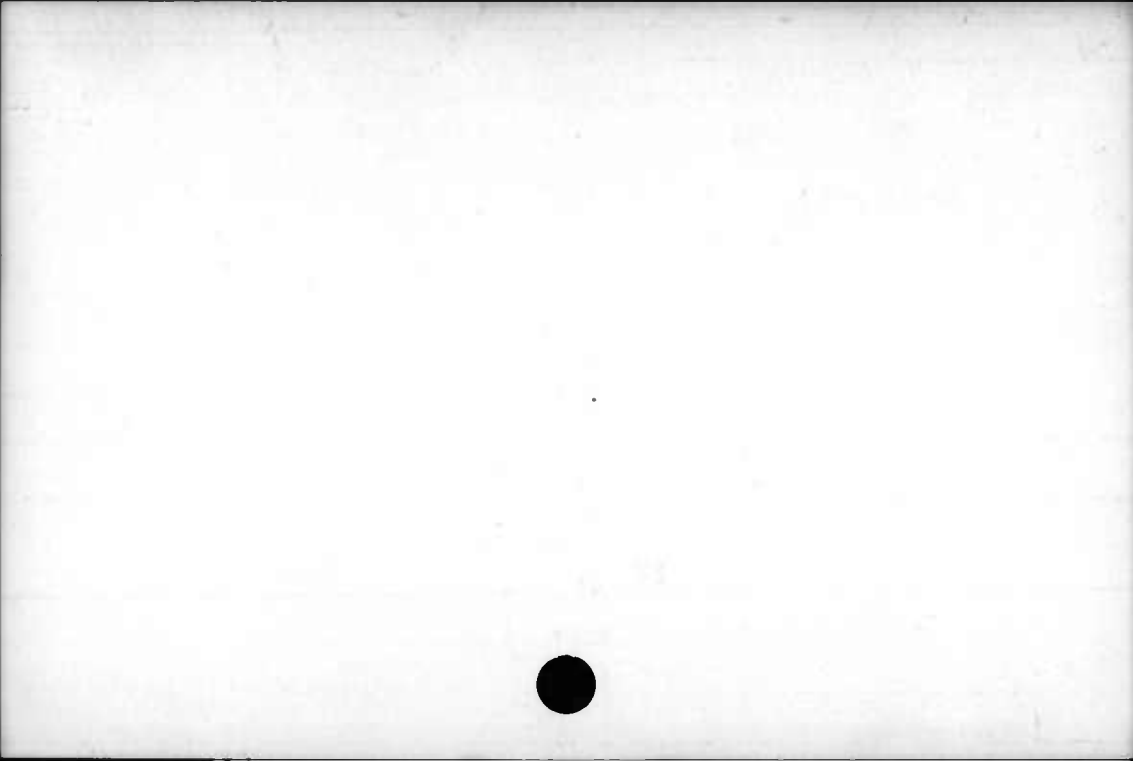
How long

Are the name, age, sex, color, date  
and place correctly given above?

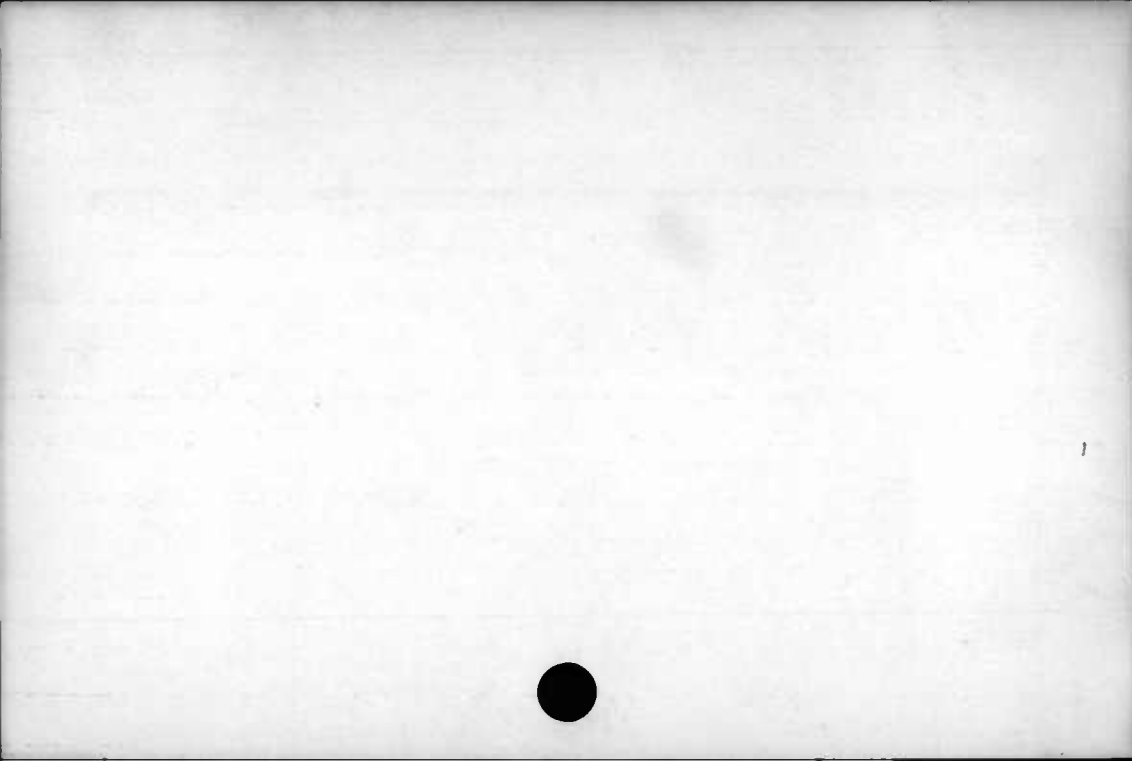
Signature of

Address

*J. O. Kendrick*  
*Acting Coroner.*~~Accident~~ or Suicide?*Suicide*



Name in Full		Blanche Ella Fletcher				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Woodmore	County Prince George	MARYLAND			
		Date of death 190		2	Month Dec	Day 28	Age 19	Years 2	
		Sex		Female		Color or Race	Colored		
		Married, Single or Widowed		Single		Occupation	—		
		Name of Wife or Husband						—	
		Father's Name				Isaac Fletcher			
		Mother's Maiden Name				Louisa Green			
		Name of person giving information				M. J. Purcell, S. J.			
PHYSICIAN OR CORONER		CAUSES OF DEATH				27			
		Primary				Pulmonary Tuberculosis			
		Immediate				Oedema of the lungs			
		Are the name, age, sex, color, date and place correctly given above?				yes.			
Accident or Suicide?		Signature of Physician		A. R. Walker M.D.					
		Address		Mitchellville, Md.					
		How long		One year.					
		How long		One week.					



Name in Full

Certificate of Death

*Mr. Lloyd Ford*  
 Died at *Greenwood Farm* *Prince Georges* MARYLAND  
 Town County

Date *1902 Dec - 17* *th* Y. M. D. Native of *Ind* Occupation  
 Male White Married Widow Divorced  
~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name *Joseph Ford*

Mother's Name *Paulina Ford*

Cause of Death { Primary *Pneumonia*  
 Immediate *Spinal Meningitis*

How long sick  
*10 days*

~~Accident, Suicide, Homicide~~

Reported by *John E. Saxebury*

Address *Forsville Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rosaryville</i>		Town <i>P. G.</i>		County		MARYLAND	
Date of death 199 <i>2</i>	Month <i>Dec</i>	Day <i>16</i>	Age	Years <i>—</i>	Months <i>5</i>	Days <i>24</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Rosaryville</i>				
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Lee Hamilton</i>				Father's Birthplace <i>P. G. Co.</i>			
Mother's Maiden Name <i>Shurges</i>				Mother's Birthplace <i>P. G. Co.</i>			
Name of person giving information <i>Lee Hamilton</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastritis</i>	How long <i>Don't know</i>
Immediate <i>Don't know</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. A. Griffith</i>
	Address <i>Upper Marlboro. Md</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

James Hardisty

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

12. 24

Age 83

Md

Wheelwright

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband

of

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Unknown

179

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79604



Name in Full

Certificate of Death

Jane Henry

Town

Collington

County

Pr. Geo's

MARYLAND

Died at

Date 1912

Month

12

Day

20

Y.

M.

D.

Native of

Md

Occupation

Housekeeper

Age 65

-

-

Married

Widow

Divorced

Number of children living

5

~~Male~~~~White~~

Female

Colored

~~Single~~~~Widower~~

of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Maiden Name

Wesley Henry

William Fitchet

Jane Harbert

How long sick

6 months.

Accident, Suicide, Homicide

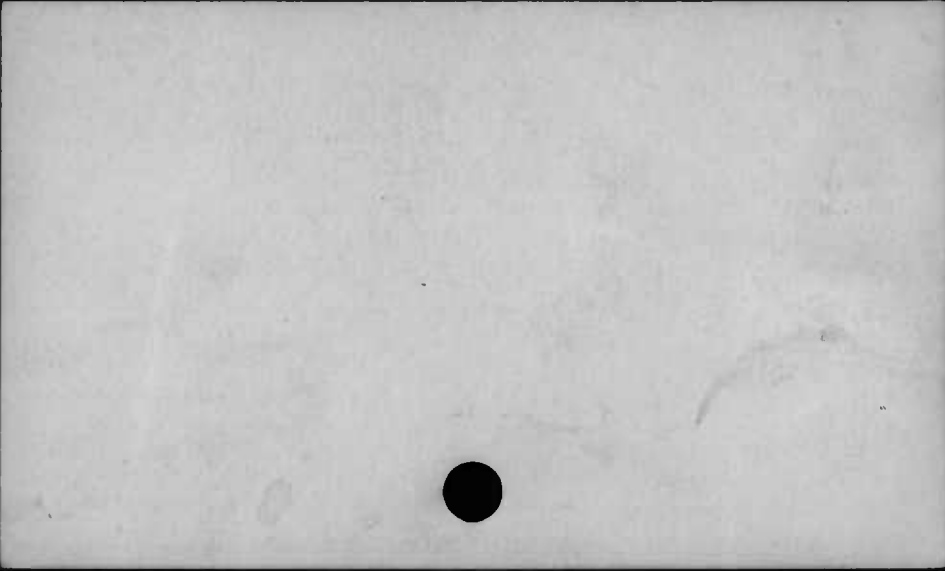
Reported by

Frank Wood, undertaker.

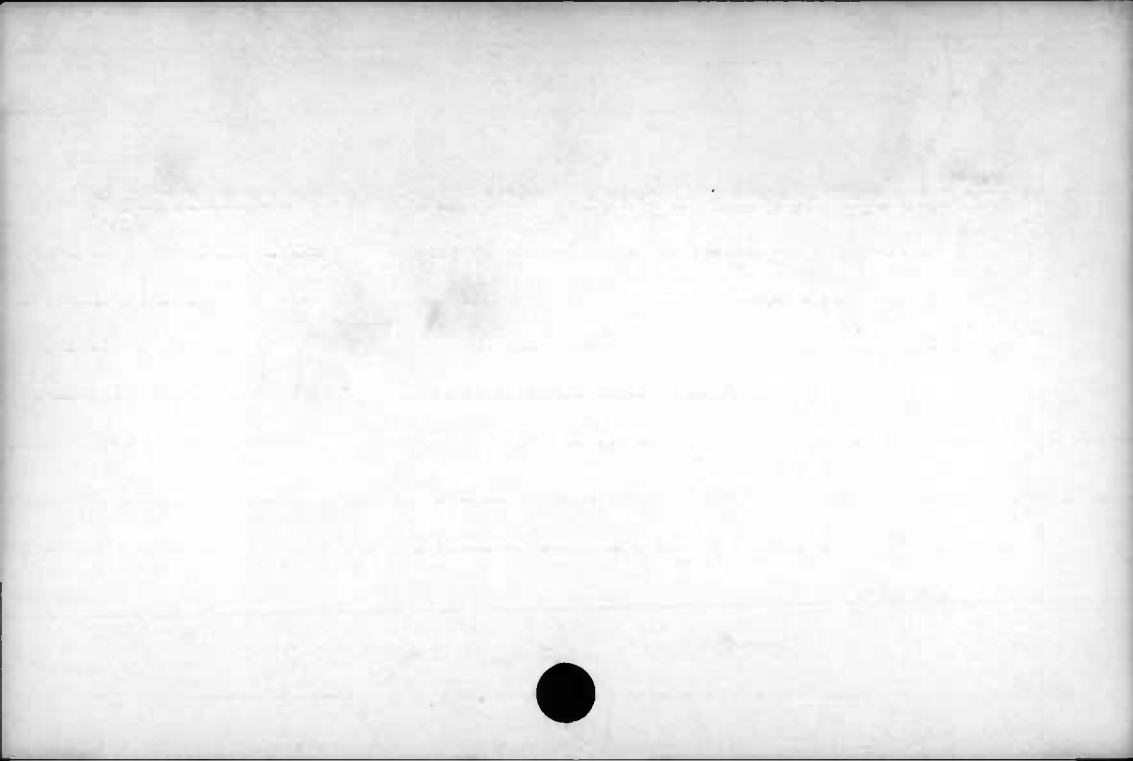
Address

Woodmore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Pr. Geo.				MARYLAND					
		Date of death 1902		Month 12		Day 7		Age 1		Months 2		Days	
		Sex male		Color or Race colored		Birth-place Md							
		Married, Single or Widowed		Single		Occupation		None					
		Name of Wife or Husband											
		Father's Name		Edward Jennifer				Father's Birthplace		Md			
		Mother's Maiden Name		Lulu Blair				Mother's Birthplace		Md			
		Name of person giving information		Edward Jennifer				How related to deceased		Father			
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary		Infantile Pneumonia				How long		11 days			
		Immediate		Exacerbation of all symptoms				How long		1 day			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		E. P. Simpson M.D.					
				Address		Rocroft Md.							
		Accident or Suicide?											





Name in Full

Certificate of Death

Hannie Johnson

Town

County

Died at

Lakeland

Pounce Georges P

MARYLAND

Month Day

Y.

M.

D.

Native of

Occupation

Date 1902

Age 3

none

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

George Johnson

Mother's

Maiden Name

Mary Foster

Cause of

Primary

Whooping Cough &amp; Croup

How long sick

Death

Immediate

Spasms &amp; Brain Clot.

Accident, Suicide, Homicide

Reported by

W. B. Everettfield M.D.

Address

College Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Catherine Latimer

Died at Silver Spring - Pr. Geo

MARYLAND

Date 1902 Dec. 10 Age 2 hours. 2nd  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of \_\_\_\_\_  
 Wife

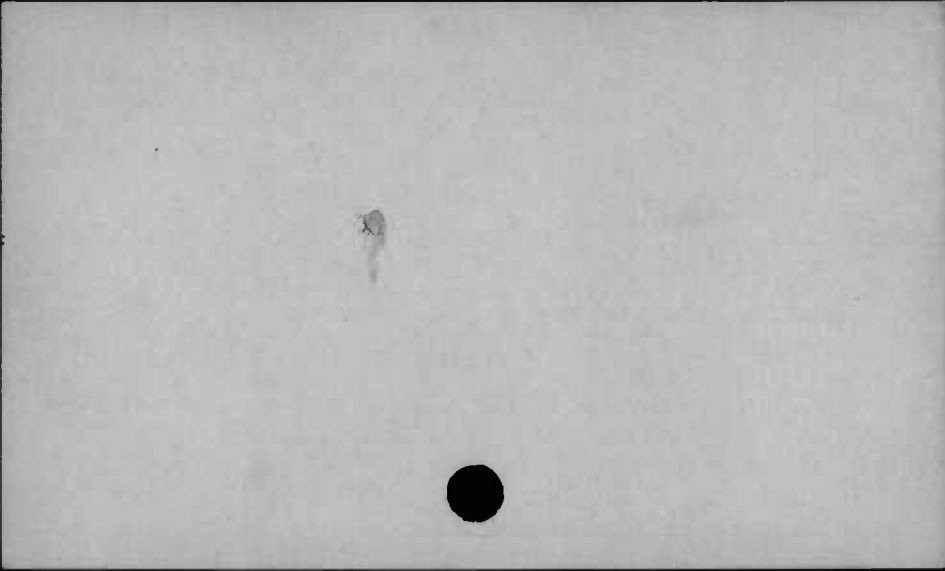
Father's Name John W. Latimer Mother's Name Eliza R. Latimer

Cause of Death { Primary Premature Birth (6th month)  
 Immediate  
 How long sick 5 days  
 Accident, Suicide, Homicide

Reported by R. A. Piles  
 Address Anacostia D.C. 151

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55958



Name In Full

Certificate of Death

James B Lovelless

Town

County

Died at

Washington Dc

MARYLAND

Date 19

08

Month

Day

Dec.

Age

26

Y.

M.

D.

Native of

Md

Occupation

Shipping clerk

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Kelly Lovelless

Mother's

Maiden Name

Alice Suit

Cause of

Primary

Pulmonary tuberculosis

How long sick

Six months

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. A. Fox

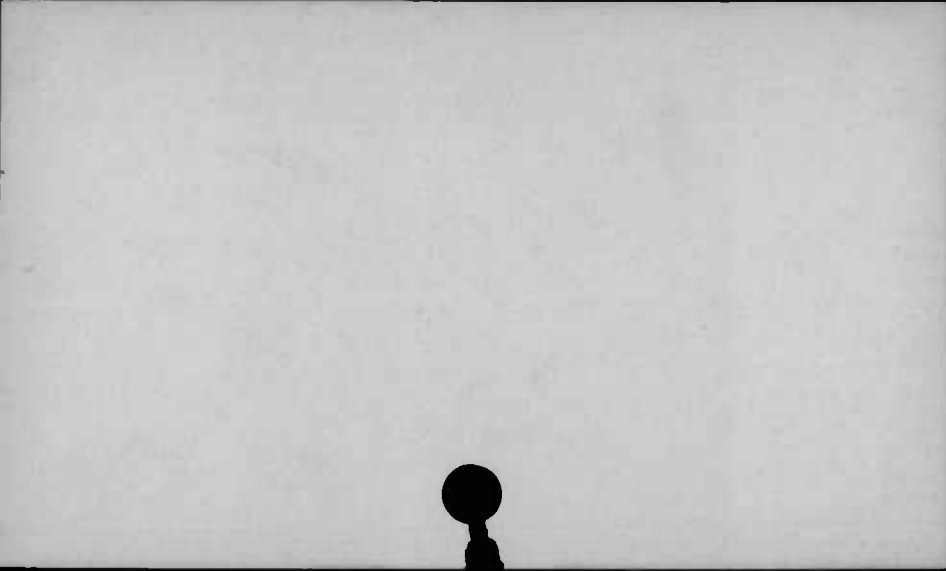
Address

Baltimore

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Died at Hyattsville Town P. Geo Co County MARYLAND  
 Date 1902 Dec 28 Month Day Age 12 hours Y. M. D. Native of Id Occupation —  
 Male White Married Single Widow Widower Divorced —  
 Female Colored Number of children living —  
 Husband of —  
 Wife —

Father's Name Chas McElhenny Mother's Name —  
 Maiden Name Wheeler  
 Cause of Death { Primary difficult labor How long sick from birth  
 Immediate — Accident, Suicide, Homicide —

Reported by Chas McElhenny 151  
 Address Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bladenburg  
Pennsylvania



Marric Mc Elheney

Town

County

MARYLAND

Died at

Ayattville

P. Es Co

Date 19

02

Month

Day

dec 31

Age

28

Y.

M.

D.

Native of

Occupation

Ido

Housewife

Female

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

None

Husband

of

Wife

Chas Mc Elheney

Father's

Name

Wallis Wheeler

Mother's

Maiden Name

Rach

Cause of

Primary

Typhoid fever

How long sick

from days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Charles M. V

Address

Ayattville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Annie R. Mueson*

Town

County

MARYLAND

Died at

*Hyattsville*

*Anne Lees*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

*02*

*Dec 30*

Age

*72 7 15*

*Penn*

*House wife*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

*Two*

Husband

of

Wife

*Harmon A Mueson*

Father's

Name

*Robert*

Mother's

Maiden Name

*Don't know*

Cause of

Primary

*Brzysseia Panagis*

How long sick

*Eight days*

Death

Immediate

*Exhaustion*

Accident, Suicide, Homicide

Reported by

*Older A. W. H. S.*

Address

*Hyattsville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Murphy

Town

County

MARYLAND

Died at

New Blaine

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1902

12 20

Age 73

about

Ga

None

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

3

Husband

of

Late

Robert Murphy

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Bright's Disease

Death

Immediate

Emphysema of Leg

How long sick

3 wks.

Accident, Suicide, Homicide

Reported by

E. P. Smith

Address

ROSCROFT,  
Pr Geo Geo Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



*Ralph Raza Law*

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Sarah Stewart

Died at

Town  
Westwood

County

Prince George

MARYLAND

Date 1892

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1892

Month 12

Day 22

Age

3

11

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Frank Stewart

Mother's

Name

Catharine Walker

Cause of

Primary

Death

Immediate

Burned to death,

167

How long sick

1 hour

Accident, Suicide, Homicide

Reported by

Address

Frank Stewart - Parkburgs Road  
Westwood, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68965



Name in Full

Certificate of Death

Sarah Stewart

Town

County

Died at Lakeland Pr Georges Maryland MARYLAND

Date 1902 Dec 7 Y. M. D. Native of Howard Co Occupation Cook

Male	White	Married	Widow	<del>Divorced</del> living ches
Female	Colored	Single	Widower	Number of children living

Husband of

Wife

Father's Name	Samuel Stewart	Mother's Name	Georgiana Stewart
---------------	----------------	---------------	-------------------

Cause of Death	Primary	Child-bearing	How long sick	2 weeks
	Immediate	Uremic Poisoning	Accident, Suicide, Homicide	

Reported by W. O. Enosfield MD 138

Address College Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, #5066



Name in Full

Certificate of Death

John Thomas

Town

County

MARYLAND

Died at

Cedarville

Prin George

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1892

12

22

Age

60

2nd

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
Name

John Thomas

Mother's  
Name

Lee Cooper

Cause of

Primary

Fever

How long sick

2 days

Death

Immediate

Coma

Accident, Suicide, Homicide

Reported by

George Graham

G. Graham

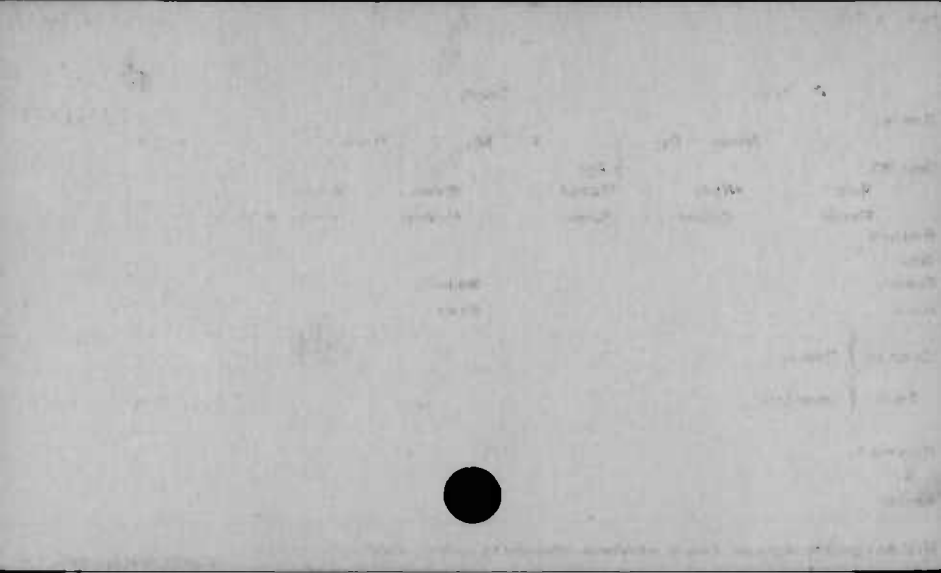
Address

Cedarville Md.

under lake

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name  
in  
Full

Richard Watson

## CERTIFICATE OF DEATH

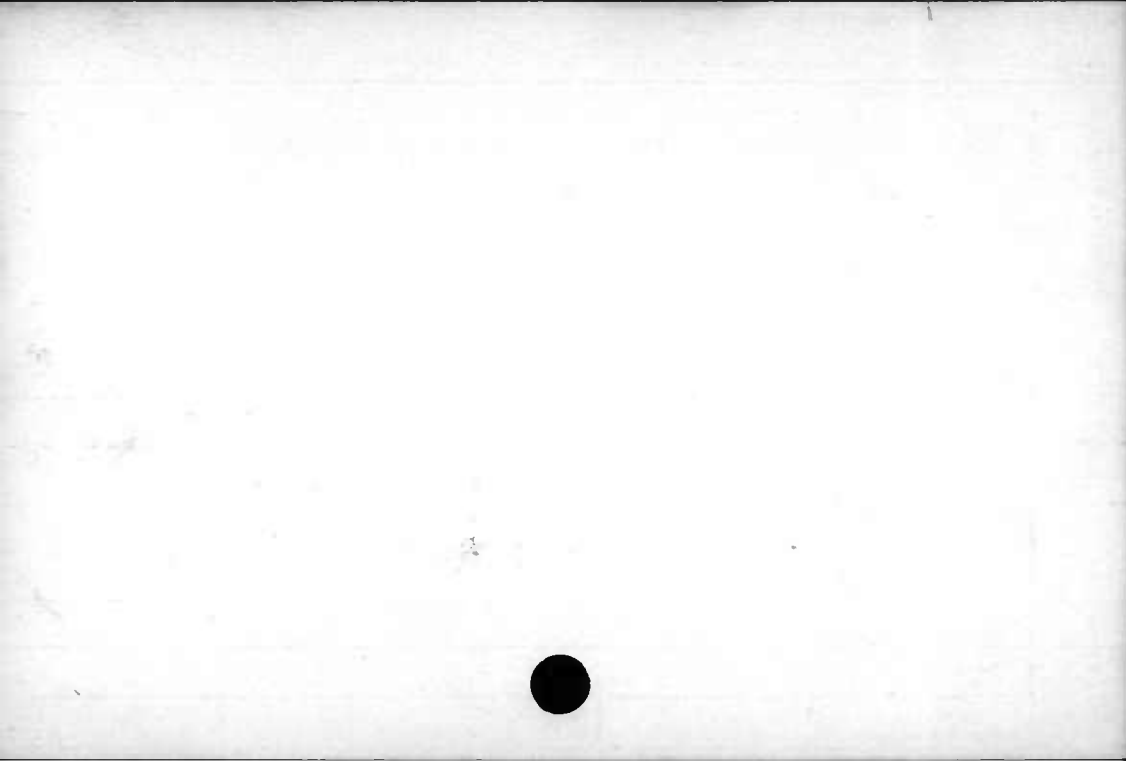
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Near Upper Marlboro</i>		<sup>County</sup> <i>Prince Georges</i>		MARYLAND	
Date of death 1902	Month <i>December</i>	Day <i>24</i>	Years <i>28</i>	Months <i>5</i>	Days <i>14</i>
Sex <i>male</i>	Color & Race <i>colored</i>	Birth-place <i>Prince Georges County</i>			
Married, <del>single</del> <i>yes</i> or <del>widowed</del>		Occupation <i>employed by a Telegraph Co.</i>			
Name of Wife or <del>Husband</del> <i>Dollie Watson</i>					
Father's Name <i>Robert Watson</i>			Father's Birthplace <i>Prince Georges Co.</i>		
Mother's Maiden Name <i>Caroline Butler</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Dollie Watson</i>			How related to deceased <i>wife</i>		

## CAUSES OF DEATH

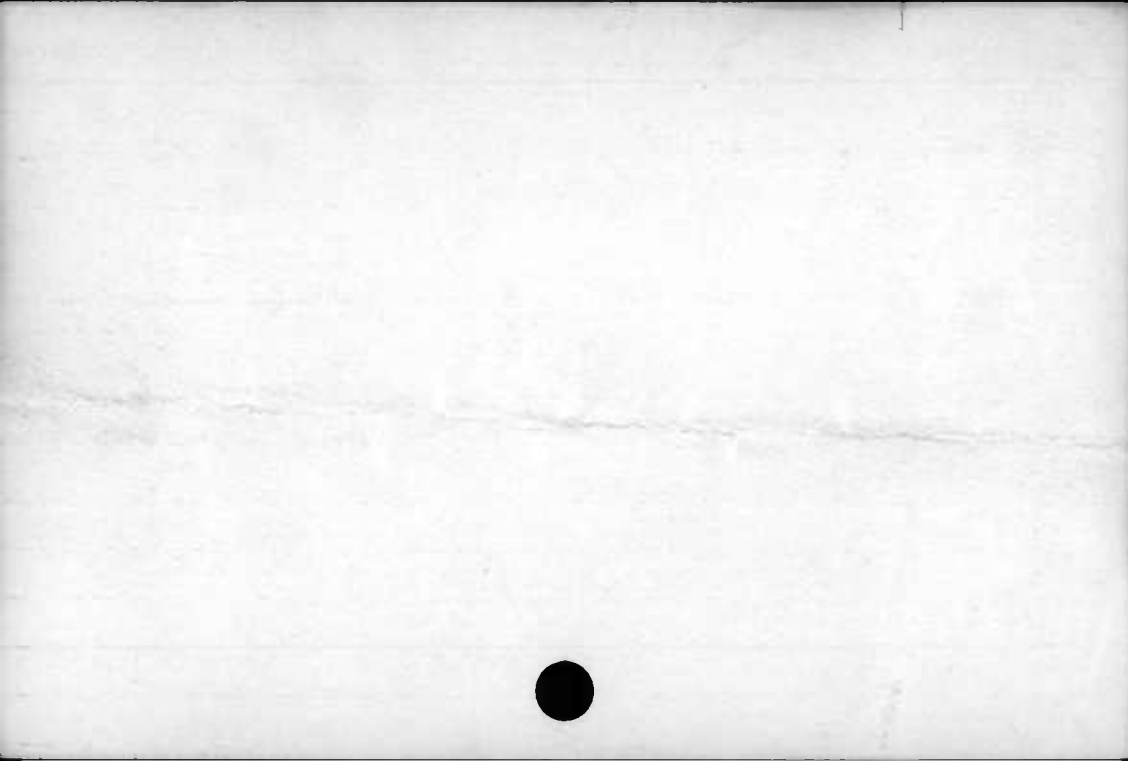
PHYSICIAN  
OR CORONER

<i>Accidental drowning in the Western Branch</i> <i>Body found on April 20, 1903.</i>	Primary Cause	How long
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above?	
	Signature of Physician <i>James E. Sears J. Pacting</i> Address <i>Coroner Upper Marlboro Md</i>	
Accident or Suicide? <i>[initials]</i>		





Name in Full		Mary Wedge				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Halls		Town		Prince George		County	
		Date of death 1902		December		29		Age About 85		Years	
		Sex		Female		Color or Race		Colored		Birth- place	
		Married, Single or Widowed		Widowed		Occupation		Housework		Months	
		Name of Wife or Husband		George Wedge		Father's Name		Unknown		Father's Birthplace	
		Mother's Maiden Name		"		Mother's Birthplace		"		How related to deceased	
		Name of person giving in formation		James Edward Wedge		Grandson					
PHYSICIAN OR CORONER		CAUSES OF DEATH									
		Primary		Old Age				154		How long	
		Immediate		General Atherosclerosis				2 Weeks		How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Maudie Cawood, M.D.			
		Yes				Address		Halls, Prince George Co., Md.			
		Accident or Suicide?									



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Clinton</u> <sup>Town</sup>		<u>P. G.</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Dec</u>	Day <u>5</u>	Years <u>87</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>England</u>		
Married, Single or Widowed <u>Widowed</u>			Occupation <u>None</u>		
Name of Wife or <del>Husband</del> <u>May E. Wignall</u>					
Father's Name <u>Unknown</u>			Father's Birthplace <u>England</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>England</u>		
Name of person giving information <u>J. L. Wainy</u>			How related to deceased <u>None</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Paralysis</u>	How long <u>18 mos.</u>
Immediate <u>Chilid - general failure</u>	How long <u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. L. Wainy</u>
	Address <u>Clinton</u>
Accident or Suicide?	



Name  
in  
Full

Artis Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Murriskin		Pomeroy		Ge. & E.			
Date of death 190	Month	Day	Age	Years	Months	Days	
7 Dec.	17	17	90				
Sex	Color or Race		Birth-place				
Female	black		Md.				
<del>Married</del> Single or Widowed			Occupation				
			same				
Name of Wife or Husband							
Erasmus Wilson							
Father's Name				Father's Birthplace			
Larson Clark				Md.			
Mother's Maiden Name				Mother's Birthplace			
Dido Brown				Md.			
Name of person giving information				How related to deceased			
Henry Slant				son			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senile decay 154		How long	Several months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
yes		W. F. Taylor	Laurel Md.	
Accident or Suicide?				

